## MICHIGAN DEPARTMENT OF EDUCATION SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

**INSTRUCTIONS:** Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to MarshH@michigan.gov.

101305

CHECK THE APPROP	RIATE BOX:			
For Profit Company Non-Profit Organization Institution of Higher Edu		ol District ol Academy e School District	Community-Ba Private School Faith-Based Or	ased Organization
Section 1: Provider Ide	entification			
Name of Entity Carter,	Reddy & Associates, Inc. (C	C&R)		
Name of Director Raah	ul C. Reddy, COO			
Address 12048 Grand R	River Ave, Ste 3	_ City Detroit	State MI	_ Zip <u>48204</u>
Phone 313-491-6467	Fax <u>313-491-6942</u>	Email candr	@crandassocia	tes.org
Proposed Location of S	Services (if different from a	above):		
Address Several off-site	locations	_ City	State	_ Zip
If different from Directon  Name of Contact Person				
Address <u>12048 Grand R</u>	Liver Ave, Ste 3	_ City Detroit	State MI	_ Zip <u>48204</u>
Phone 313-491-6467 Fax 313-491-6942		Email candr@crandassociates.org		
1. Our organization can All local school of	ographic Service Area Into provide services to: districts/PSAs in Michigan: wing areas: (Please list the	: Yes 🛭 No 🗌	school districts	:/PSAs you are
services to students:  Site Location #1:  Site Location #2:			where you plan	to deliver SES
Site Location #3:				

<b>3. Transportation</b> – Provide information about accessibility to public transportation from your site:
Most sites are on Public Bus lines or within walking distance of neighborhoods.
4. Indicate if you are willing to provide services to eligible students at the school site:  Yes ☑ No ☐
Section 3: Provider Academic/Instructional Program Information
1. Subject Areas Covered – List all subject areas you address in working with students:
Reading & Writing
Mathematics
2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: K - 12
3. Time of Services – Indicate when you deliver services to students:
☐ Before School ☐ After School ☐ Weekends ☐ Summer ☐ Other
<b>4. Mode of Instructional Delivery</b> – Describe the methods by which your program delivers instruction to students:
☐ Individual Tutoring ☐ Small Group Instruction ☐ Large Group Instruction
Online Web-Based Other
5. Schedule of Services – Indicate the length of each tutoring session and number of sessions per week
Length of Session 2 Hours Number of Sessions per Week 3 - 4
6 Staffing Indicate the type (a) of staff that we will instruction to at 1 at
6. Staffing – Indicate the type(s) of staff that provide instruction to students:
X Certified Teachers Paraprofessionals Volunteers Other
7. Special Populations Served – Indicate special populations you are able to serve:
X Special Education
Section 4: Provider Fees
Cost/Fee Structure – Check and complete the cost/fee structure you use:
X \$40.00 per hour (unit of time, e.g., hour, week, etc.) per student.
\$ (flat fee) for (unit of time, e.g., month, semester, year) per student.